

Brigham City Police Department

COMMUNITY ORIENTED POLICING NEIGHBORHOOD SURVEY

Date: _____

1. How safe is it for you to walk in your neighborhood after dark?

☐ Very Safe ☐ Safe ☐ Somewhat Safe ☐ Unsafe ☐ Very Unsafe

2. Please identify your primary concerns regarding CRIMINAL activity in your immediate neighborhood / street. (Use number 1 as your HIGHEST concern.)

☐ Violent Crime ☐ Thefts ☐ Gangs

☐ Vandalism ☐ Narcotics

☐ Other: _____

Where? _____

Where? _____

3. Please identify your primary concerns regarding NUISANCE activity in your immediate neighborhood / street. (Use number 1 as your HIGHEST concern.)

☐ Traffic ☐ Transients

☐ Loud Parties ☐ Junk/Yard Cars

☐ Run Down Buildings

☐ Other: _____

Where? _____

Where? _____

4. What problem would you want solved FIRST in your neighborhood? (Please select ONE category only.)

☐ Abandoned Cars ☐ Gangs

☐ Graffiti ☐ Illegal Vendors

☐ Juveniles ☐ Loud Parties

☐ Narcotics ☐ Pan Handlers

☐ Prostitution ☐ Public Drinking

☐ Stray Animals ☐ Traffic

☐ Transients ☐ Vandalism

☐ Other: _____

Where? _____

Where? _____

Comments: _____

5. How satisfied are you with the service provided by the Brigham City Police Department?

☐ Very Satisfied ☐ Satisfied ☐ Somewhat Satisfied ☐ Unsatisfied ☐ Very Unsatisfied

Explain: _____

Would you be willing to participate in any of the following Community Partnership programs?

☐ Neighborhood Watch

Name: _____

☐ Block Captain

Address: _____

☐ Citizens Police Academy

☐ Civilian Volunteer

Phone: _____

☐ Volunteers in Police Service (VIPS)

The Best Time to Call is: _____

Thank you for your participation. Please return your completed survey to the following address:

**Brigham City Police Department
Attn: Jean Tselepis
20 North Main
Brigham City, UT 84302**